***Important: Failure to submit both forms and/or incomplete forms will be returned to the department.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | **Employee Name:**  | *Last:* |  | *First:* |  | *M.I.:* |  |
| **Effective Date:** |  |  | **Division:** |       |
| **Last 4 of SSN:** |  | **Employee ID:** |  | **Pay Group:** |       |
| [ ]  **Need to update Mailing Address** | *Street*: |
| *City:* |  | *State:* |  | *Zip Code:* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEPARATION INFORMATION** | **Reason:** | [ ]  **Resignation**  | [ ]  **Lay Off** | [ ]  **Retirement** | [ ]  **Involuntary Termination\*** |
| [ ]  **Leave of Absence** | **Specify:**  |  |
| [ ]  **Other**  | **Specify:** |  |
| **Date Notice Given:**  |  | **Date Last Worked:** |  |
| **Paid Time Off owed to the Employee:** | *Vacation Hours:* |  | *Sick Hours:* |  |
|  | *Other Hours:* |  | *Specify:* |  |
| **Eligible for Rehire:** | [ ]  **Y** [ ]  **N** |
| **Company Property Returned:** | [ ]  **Y** [ ]  **N** | *Specify:* |  |
| **Additional Comments:** |  |
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| --- | --- | --- |
| **APPROVALS** |  |  |
|
| **Manager Signature** | **Date** |
|
| **Manager Print** |